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I would like to participate in the (check one):

☐ Jewish Kosher Diet Program      ☐ Vegetarian Diet Program      ☐ Halal Meat Alternate Program.

I understand that in order for me to participate in a Religious Diet Program, foods and preparation practices that are not used for general population meals must be used. Therefore, I agree to the following conditions:

1. I understand that I may change my religious diet no more than once each year.
2. I understand that if I voluntarily request to withdraw from the Religious Diet Program, I must do so in writing and I must wait for a period of six months before requesting to be reinstated in the Religious Diet Program. If, after six months, I apply to a different Religious Diet Program than the one I previously participated in, my request will have to be approved by the Chaplain who oversees that Religious Diet Program.
3. During meals I will eat and possess on my food tray only those food items served as a part of the Religious Diet Program. I understand that a report will be kept to verify I am picking up my religious meals. If, for any reason, I am denied any meals under the Religious Diet Program, however, I shall be permitted to eat foods that are not part of the Religious Diet Program and that shall not be deemed to be a violation of this Agreement. I will not collect religious food items (other than Canteen items) in my cell and I will follow all CDCR policies and regulations for dining in my institution.
4. I may not purchase or consume any food items that are not part of my religious diet. I understand that my Canteen purchases may be routinely monitored.
5. I will not “double-back” in order to obtain a second meal, either regular or religious.
6. I will consistently pick up my religious diet meals. I understand that a record will be kept indicating when I pick up my religious meals.
7. I will not provide all, or portions of my religious meals received through the Religious Diet Program to other inmates who are not participating in the same Religious Diet Program.
8. I will restrict my diet to religious diet foods.
9. I understand that should I violate one of these provisions, I will receive one (1) written warning, but will be allowed to continue to participate in the Religious Diet Program. I also understand that the Chaplain who oversees my Religious Diet Program shall determine whether I violated any of these provisions.
10. I further understand that should I violate any of these provisions a second time within six (6) months from the date of the first violation, I may be removed from the Religious Diet Program for a period of six (6) months from the date of the second violation. I also understand that a Chaplain shall determine whether I violated any of these provisions. I also understand that before a Chaplain can remove me from the Religious Diet Program, I shall have the right to confer with a Chaplain regarding the alleged violation(s).

By my signature below, I acknowledge that I have read and discussed the contents of this Agreement with an Institution Chaplain that oversees this Religious Diet Program. I further agree that if permitted to participate in the Religious Diet Program I will abide by the conditions set forth in this agreement.

Inmate Name (print): \_\_\_\_\_

Inmate Sign and Date: \_\_\_\_\_

Inmate CDC No.: \_\_\_\_\_

Chaplain's Name (print): \_\_\_\_\_

Chaplain, Sign and Date: \_\_\_\_\_